MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045344

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3297

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4003
2 0500
3 2
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12 44-0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

FILED NOV 16 1962

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood
Length of stay in lb 4wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jeff.
c. CITY OR TOWN Cedar Hill Mo
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) RR#1
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Joseph Middle P. Last Licklider
4. DATE OF DEATH Month 11 Day 11 Year 62
5. SEX M
6. COLOR OR RACE W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6/18/1873
9. AGE (last birthday) 89
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY minister
11. BIRTHPLACE (City and state or country) Pleasant Green Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Daniel Licklider
13b. MOTHER'S MAIDEN NAME Emaline DeWitt
14. NAME OF HUSBAND OR WIFE Margaret Licklider
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
17. INFORMANT Address Margaret Licklider Cedar Hill Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral Pulmonary Emboli — INTERVAL BETWEEN ONSET AND DEATH 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Varicose Veins of the Leg + Arteriosclerosis — years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of the left hip (Neck of Femur)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home because of dizziness fract. the left hip.
20c. TIME OF INJURY Hour 1:00 a.m. p.m. Month, Day, Year 10 15 62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION RR1 Cedar Hill COUNTY STATE Mo.

21. I attended the deceased from Feb 1960 to Nov. 11th 1962 and last saw him alive on 11-11-62
Death occurred at 9 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert V. Titchenor M.D.
22b. ADDRESS P.O. Box 8568 St. Louis 26 Mo
22c. DATE SIGNED 11/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11/13/62
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.
23d. LOCATION (City, town, or county) St Louis Co. (State) Mo

24. FUNERAL DIRECTOR ADDRESS Beimmer Funeral Home House Springs Mo
25. DATE RECD. BY LOCAL REG. 11-12-62
26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Hubert J. Glass Jr.

Licensed Embalmer No. 4800

P. O. Address Kentwood 82 Okla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.